

*6/ Reissue Declaration*

PTO/SB/52 (05-03)  
Approved for use through 01/31/2004. OMB 0651-0033  
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REISSUE APPLICATION DECLARATION BY THE ASSIGNEE

Docket Number (optional)

14336

I hereby declare that:

The residence, mailing address and citizenship of the inventors are stated below.

I am authorized to act on behalf of the following assignee: Mount Sinai School of Medicine of the City of New York

and the title of my position with said assignee is: Executive Director, Office of Industrial Liaison

The entire title to the patent identified below is vested in said assignee.

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☒ Additional Inventors are named on separately numbered sheets attached hereto.

Patent Number  
6,037,368

Date of Patent Issued  
March 14, 2000

Title of Invention  
8-ISO-PROSTAGLANDINS FOR GLAUCOMA THERAPY

I believe said inventor(s) to be the original and first inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled:

8-ISO-PROSTAGLANDINS FOR GLAUCOMA THERAPY

the specification of which

☐ is attached hereto.

☒ was filed on February 11, 2002 as reissue application number 10 / 073,838

and was amended on \_\_\_\_\_  
(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☐ by reason of a defective specification or drawing.

☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.


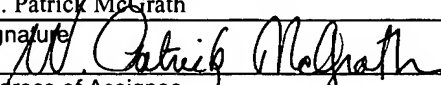
☐ by reason of other errors.

[Page 1 of 2]

This collection of information is required by 37 CFR 1.175. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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<b>REISSUE APPLICATION DECLARATION BY THE ASSIGNEE</b>		Docket Number (Optional) 14336									
<p>At least one error upon which reissue is based is described as follows:</p> <p>Claims 1-21 are overly broad in embodiments in which substituent Z is an aliphatic hydrocarbon.</p> <p style="text-align: center;">[Attach additional sheets, if needed.]</p> <p>All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.</p>											
<p>I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith.</p> <table style="width: 100%;"><thead><tr><th style="text-align: left;">Name(s)</th><th style="text-align: left;">Registration Number</th></tr></thead><tbody><tr><td>Janet M. MacLeod</td><td>35,263</td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></tbody></table>				Name(s)	Registration Number	Janet M. MacLeod	35,263				
Name(s)	Registration Number										
Janet M. MacLeod	35,263										
<p>Correspondence Address: Direct all communications about the application to:</p> <p><input checked="" type="checkbox"/> Customer Number <span style="border: 1px solid black; padding: 2px 20px;">30873</span> <span style="font-size: 2em; vertical-align: middle;">→</span></p> <p style="text-align: center;"><i>Type Customer Number Here</i></p> <p><b>OR</b></p> <p><input type="checkbox"/> Firm or Individual Name</p>		<div style="border: 1px solid black; padding: 5px;"> <b>Place Customer Number Bar Code Label Here</b> U.S. PATENT AND TRADEMARK OFFICE</div>									
<p>Address</p> <p>Address</p> <table style="width: 100%;"><tr><td style="width: 40%;">City</td><td style="width: 20%;">State</td><td style="width: 20%;">Zip</td><td style="width: 20%;"></td></tr></table> <p>Country</p> <table style="width: 100%;"><tr><td style="width: 40%;">Telephone</td><td style="width: 20%;">Fax</td><td style="width: 40%;"></td></tr></table>		City	State	Zip		Telephone	Fax				
City	State	Zip									
Telephone	Fax										
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.</p>											
<p>Full name of person signing (given name, family name) W. Patrick McGrath</p>											
<p>Signature </p>		<p>Date 6/26/03</p>									
<p>Address of Assignee Mount Sinai School of Medicine, One Gustave L. Levy Place, Box 1675, New York, NY 10029-6574</p>											

REISSUE APPLICATION DECLARATION BY THE ASSIGNEE

Docket No. 14336

Additional Patentee

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